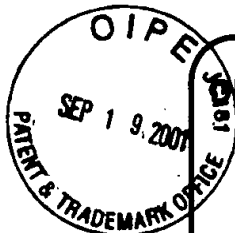


#3

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	41343
	First Named Inventor	N. Leigh ANDERSON
	COMPLETE IF KNOWN	
	Application Number	09 / 783,132
	Filing Date	February 15, 2001
	Group Art Unit	1743
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GEL MANIPULATION APPARATUS

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 02/15/2001 as United States Application Number or PCT International Application Number 09/783.132 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Application Number(s)	Filing Date (MM/DD/YYYY)
60/260,216	January 9, 2001

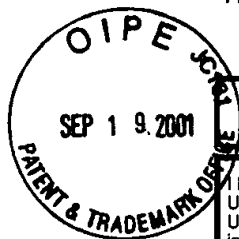
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/504,494 09/504,492 09/504,493	02/15/2000 02/15/2000 02/15/2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 001609

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
David S. Abrams	22,576	Lance G. Johnson	32,531
Robert H. Berdo	19,415	Dean H. Nakamura	33,981
Alfred N. Goodman	26,458	Stacey J. Longanecker	33,952
Mark S. Bicks	28,770	Joseph J. Buczynski	35,084
John E. Holmes	29,392	Tara Laster Hoffman	46,510
Garrett V. Davis	32,023	Jeffrey J. Howell	46,402

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 001609 OR ☒ Correspondence address below

Name	Garrett V. Davis				
Address	Roylance, Abrams, Berdo & Goodman, L.L.P.				
Address	1300 19th Street, N.W., Suite 600				
City	Washington	State	D.C.	ZIP	20036
Country	USA	Telephone	(202)659-9076	Fax	(202)659-9344

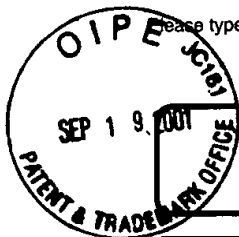
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
N. Leigh		Anderson	
Inventor's Signature			Date
Residence: City	Washington	State	D.C.
Country	USA	Citizenship	USA
Post Office Address	1759 Willard Street, N.W.		
Post Office Address	1759 Willard Street, N.W.		
City	Washington	State	D.C.
ZIP	20009	Country	USA

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Jack				Goodman				
Inventor's Signature				Date				
Residence: City		Lusby	State	MD	Country	USA	Citizenship	USA
Post Office Address		P.O. Box 103, 1415 Crab House Road						
Post Office Address		P.O. Box 103, 1415 Crab House Road						
City		Lusby	State	MD	ZIP	20657	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Andrew				McGrath				
Inventor's Signature		<i>Andrew M McGrath</i>		Date		8/28/01		
Residence: City		Burtonsville	State	MD	Country	USA	Citizenship	USA
Post Office Address		14126 Angelton Terrace						
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City		Burtonsville	State	MD	ZIP	20866	Country	USA
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am
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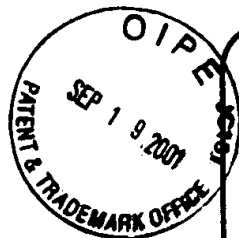
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Attorney Docket Number 41343

First Named Inventor N. Leigh ANDERSON

COMPLETE IF KNOWN

Application Number 09 / 783,132

Filing Date February 15, 2001

Group Art Unit 1743

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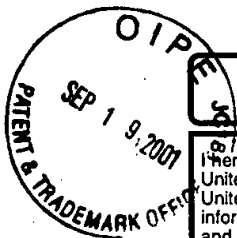
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Address	1300 19th Street, N.W., Suite 600				
City	Washington	State	D.C.	ZIP	20036
Country	USA	Telephone	(202)659-9076	Fax	(202)659-9344

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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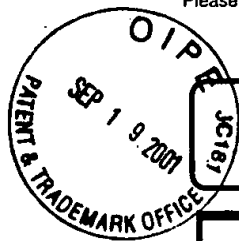
Given Name (first and middle (if any))		Family Name or Surname	
N. Leigh		Anderson	
Inventor's Signature			Date
Residence: City	Washington	State	D.C.
		Country	USA
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		ZIP	20009
		Country	USA

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Supplemental Sheet
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack				Goodman			
Inventor's Signature				Date		Aug 30, 01	
Residence: City		Lusby		State		MD	
				Country		USA	
Post Office Address		P.O. Box 103, 1415 Crab House Road					
Post Office Address		P.O. Box 103, 1415 Crab House Road					
City		Lusby		State		MD	
				ZIP		20657	
				Country		USA	
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